

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>PHH</i>	<i>67619</i>	<i>5/12/00</i>
O.I.P.E. CLASSIFIER		<i>827</i>	<i>06-29-00</i>
FORMALITY REVIEW	<i>PHH</i>	<i>54667</i>	<i>10-15-00</i>
RESPONSE FORMALITY REVIEW	<i>PHH</i>		

INDEX OF CLAIMS

✓ Rejected N Non-elected
= Allowed I Interference
- (Through numeral)... Canceled A Appeal
+ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
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100	✓	✓	

Claim	Final	Original	Date
101	✓	✓	
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146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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